PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000003172**

1. Corporation Name

JEFFREY D. SHEARER, O.D., P.A.

Principal Place of Business	Mailing Address
9978 BAYMEADOWS RD STE 3 JAX FL 32256 US	9978 BAYMEADOWS RD STE 3 JAX FL 32256 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1996

5. FEI Number: 59-3349705 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHEARER, JEFFREY D	9978 3 BAYMEADOWS RD	JACKSONVILLE FL 32256

200003790542
11/04/02--01096--022 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TOUSEY, CLAY B JR. ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED FOR [illegible] — REGISTERED AGENT MUST SIGN — Date: 10-31-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10-31-02 — Daytime Phone #: 904-641-3937

Jeffrey D. Shearer, O.D., P.A.

9978 Baymeadows Rd Ste 3 Jacksonville, FL 32256
904-641-3937

10-31-2002

Florida Department of State
Jim Smith, Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this letter as a request to reinstate my corporation, "Jeffrey D. Shearer, O.D., P.A.", and to waive the reinstatement fee for the CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT. I did not receive the prior UBR notices. Per your instructions, I am enclosing a check for $150.00, to file the report without penalty, and the completed reinstatement request . Thank you for your consideration on this matter.

Sincerely,

Jeffrey D. Shearer, O.D.

President of Jeffrey D. Shearer, O.D., P.A.